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OR

(Name of Assignee)

3. From: \_\_\_\_

## Attorney Docket No. T4342-14198US19 STATEMENT UNDER 37 CFR 3.73(b) Applicant/Patent Owner: NxSTAGE MEDICAL, INC. Application No./Patent No./Control No.: 10/797,666 Filed/Issue Date: March 8, 2004 Blood-contactless measurement of arterial pressure NxSTAGE MEDICAL, INC. , a Corporation (Name of Assignee) (Type of Assignee: corporation, partnership, university, government agency, etc.) 1. \times the assignee of the entire right, title, and interest; or an assignee of less than the entire right, title and interest (The extent (by percentage) of its ownership interest is %) in the patent application/patent identified above by virtue of either: A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 015813, Frame 0878, or a true copy of the original assignment is attached. B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

\_\_\_\_, or for which a copy thereof is attached.

assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11. [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08] The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee. 03/12/2008 Date Signature Printed or Typed Name (703) 610-8675 Telephone Number Title

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As required by 37 CFR 3.373(b)(1)(i), the documentary evidence of the chain of title from the original owner to the

Additional documents in the chain of title are listed on a supplemental sheet.

Reel \_\_\_\_\_\_, Frame \_\_\_\_\_

Reel \_\_\_\_\_\_, Frame \_\_\_\_\_\_, or for which a copy thereof is attached.

om: \_\_\_\_\_\_\_, or for which a copy thereof is attached.

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This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

| I hereby revoke all previous powers of attorney given in the application identified in the attached statement under   |                                |         |        |                     |                  |                                       |         |           |  |              |            |             |
|---|--------------------------------|---------|--------|---------------------|------------------|---------------------------------------|---------|-----------|--|--------------|------------|-------------|
| 37 CFR 3.73(b).   |                                |         |        |                     |                  |                                       |         |           |  |              |            |             |
| I hereby appoint:   |                                |         |        |                     |                  |                                       |         |           |  |              |            |             |
| Practitioners associated with the Customer No   |                                |         | umber: | ober: 000181        |                  |                                       |         |           |  |              |            |             |
| OR  |                                |         |        |                     |                  |                                       |         |           |  |              |            |             |
| Practitioner(s) named below:  |                                |         |        |                     |                  |                                       |         |           |  |              |            |             |
|   | Name                           |         |        | Registration Number |                  |                                       |         |           |  |              |            |             |
|   |                                |         |        |                     |                  |                                       |         |           |  |              |            |             |
|   |                                |         |        |                     |                  |                                       |         |           |  |              |            |             |
|   |                                |         |        |                     |                  |                                       |         |           |  |              | $\neg$     |             |
|   |                                |         |        |                     |                  |                                       |         |           |  |              |            |             |
| as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).   |                                |         |        |                     |                  |                                       |         |           |  |              |            |             |
| Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:  |                                |         |        |                     |                  |                                       |         |           |  |              |            |             |
| The address associated with Customer Number:  |                                |         |        |                     |                  |                                       |         |           |  |              |            |             |
| OR  |                                |         |        |                     |                  |                                       |         |           |  |              |            |             |
|   |                                |         |        |                     | 900              | 181                                   |         |           |  |              |            |             |
| Firm or Individual Name   |                                |         |        |                     |                  |                                       |         |           |  |              | ··         |             |
| Address   |                                |         |        |                     |                  |                                       |         |           |  |              |            |             |
|   | City                           |         | State  |                     | Zip              |                                       |         |           |  |              |            | <del></del> |
| Country   |                                |         |        |                     |                  | · · · · · · · · · · · · · · · · · · · | ·       |           |  |              |            |             |
|   | Telephone                      |         | Email  |                     |                  |                                       |         |           |  |              |            |             |
| Assignee Name and Address:  NxStage Medical, Inc. 439 South Union Street, Fifth Floor Lawrence, MA 01843  |                                |         |        |                     |                  |                                       |         |           |  |              |            |             |
| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. |                                |         |        |                     |                  |                                       |         |           |  |              |            |             |
| SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  |                                |         |        |                     |                  |                                       |         |           |  |              |            |             |
| Signature Signature Signature and the is so   |                                |         |        | wen (               | iciow is authoma | Dare Dare                             | on beha | III OI th | e assi                                       | 1gnee<br>190 | 128        |             |
| Name  |                                | Settles | H. Buy | cr                  | vnk.             | Teleph                                | one     | 10        | <u> </u>                                     | 201          | 97.        | 4700        |
| Title Presyle(  |                                |         | 1F + ( | , E                 | 0                | <del></del>                           |         |           | <u>,                                    </u> | <u> </u>     | <i>3 1</i> | 1,100       |
|   | *Total of forms are submitted. |         |        |                     |                  |                                       |         |           |  |              |            |             |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office. U.S. Department of Commerce. P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.